O'J.S. Department of Labor O'ffice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2621	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Timothy Berry	Name Plumbers AFL-CIO LU 5					
	Labor Organization File Number 020-400					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 5891 Allentown Road	Street 5891 Allentown Road					
Clty Camp Springs	City Camp Springs					
State Maryland ZIP Code + 4 20746-4570	State Maryland ZIP Code + 4 20746-4570					
5. Position in labor organization. Executive Board Officer						
6. Name and address of Employer (including trade name, if any).	and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street Street	7.b. Amount.					
City						
ate ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
submitted in this report (including the information contained in any accompar	nying documents), has been examined by the signatory and is, to the best of the					

Name of Person Filing Timothy Berry		File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Plumbers & Pipefitters Apprenticeship Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8509 Ardwick Ardmore Road City Landover State Maryland ZIP Code +4 20785	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	11.a. Nature of such dealing.					
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Accepts contribution on behalf of employees covered by CBA in order to provide education for apprentices and journeypersons in the plumbing and pipefitting industry.						
Street	11.b. Approximate dollar valu	ue of such dealing.	\$930,415				
City	12.a. Nature of interest hel	THE STATE OF THE S	Miles and address and heavy individual and in the commence of				
State ZIP Code + 4	Received salary for journeyperson clas	or teaching apprentice an	đ				
	12.b. Amount.	And the state of t	\$7,786				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		and the second distance of the second control of the second contro				
(including trade name, if any).			V				
Name .			-				
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City City							
State ZIP Code + 4			200 000 000 000 AM 600 000 000 000 000 000 000 000 000 00				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

ſ	Name of Person Filing Timothy Berry	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

O No.	9. Business deals with:		
Name and address of Business (including trade name, if any).			
Name Plumbers & Pipefitters Apprenticeship Fund	a. Labor Organization		
Trade Name, if any:			
	b. Trust		
P.O. Box, Bldg., Room No., if any	National Control of the Control of t		
Street 8509 Ardwick Ardmore Road	c. Employer		
City Landover			
State Maryland ZIP Code + 4 20785			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Accepts contribution on behalf of by CBA in order to provide educati	oution on behalf of employees covered	
	apprentices and journeypersons in the plumbing and		
Trade Name, if any:	pipefitting industry.		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$930,415	
	12.a. Nature of interest held or income received.		
	Reimbursement of expenses (hotel, associated with attending UA Instrument Program held in Ypsilanti, Michiga	uctor Training	
	12.b. Amount.	\$735	